

# Indiana State Police Clandestine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 7/9/2014

Street: Western Ave near Nelson St

Incident #: 14ISPC005669

Apt, Lot, Room #:

County: Grant

City: Marion

## Type of Laboratory Seizure (check one)

- ☐ Lab Seizure  
☒ Chemical Seizure  
☐ Equipment Seizure  
☐ Dumpsite Seizure

## Seizure Location (check all that apply)

- ☐ Residence ☐ Hotel/Motel  
☐ Outbuilding ☐ Open – No Structure  
☒ Vehicle ☐ Business  
☐ Other: \_\_\_\_\_

Apt., hotel, multi-family dwelling: Shared HVAC: ☐ Yes ☐ No ☐ Unknown

## Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply)

- ☐ One Pot or Birch Reaction(s): \_\_\_\_\_  
☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  
☐ Hydrochloric Acid Gas Generator(s): \_\_\_\_\_  
☒ Flammable Solvents: vehicle  
☒ Water Reactive Metal (Lithium): vehicle  
☐ Anhydrous Ammonia: \_\_\_\_\_  
☒ Corrosive Acid: vehicle  
☒ Corrosive Base: vehicle  
☒ Ammonium Nitrate/Sulfate: vehicle  
☐ Other (item and location): \_\_\_\_\_

## Child under age 18 discovered (check appropriate)

- ☐ Yes \_\_\_\_\_ (number present)  
☒ No  
☐ Children not present but evidence they reside or visit often

Living conditions of home: ☐ clean ☐ disarray  
☐ unclean  
Estimated length of time manufacturing had been occurring: \_\_\_\_\_  
Additional Information: \_\_\_\_\_

## Vehicle, Travel Trailer, RV or Watercraft Information:

Owner: Brittany N. Schwartz  
VIN: 2C4GP44391R280031  
Year: 2001

Make: Chrysler  
Model: \_\_\_\_\_  
Color: White

## This report has been faxed\* or emailed to the following agencies that serve the location:

Fire Department: Marion FD

Fax: tfox@marionindiana.us

Health Department County: Grant Co.

Fax: environmental@grantcounty.net

Department of Child Services Hotline: deshotlinereports@dcs.in.gov Fax: 317-234-7595 or 317-234-7596

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: Mike Lorona

Phone 765-473-6666

\*This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.